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From: **Shelley Eberle, Reg. No. 31,411
Patent Department
Theravance, Inc.
650 808-4010**

Telephone: **650 808-4010**
Fax:
Date: **June 17, 2005**
of pages: **42 (*including this page*)**

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Attached is an Amendment Under 37 C.F.R. §1.111 for U. S. Application No. 09/732,241.

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PTO/SB/21 (08-04)

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FORM**

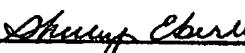
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Attorney Docket Number	P-095-US1
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ENCLOSURES (check all that apply)

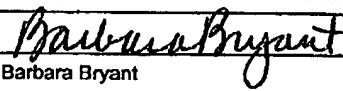
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53		
Remarks: Attached are the following: Amendment Under 37 C.F.R. §1.111 (37 pages); Copy of PTO/SB/08a (Form 1449) – 1 page; Fee Transmittal for FY 2005 (1 page) and a duplicate copy; Facsimile Cover Sheet (1 page)		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Theravance, Inc.		
Signature			
Printed Name	Shelley Eberle		
Date	June 17, 2005	Reg. No.	31,411

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	
Typed or printed name	Barbara Bryant
	Date
	June 17, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)
0

Complete If Known

Application Number	09/732,241
Filing Date	December 7, 2000
First Named Inventor	Mathai MAMMEN
Examiner Name	Raymond K. Covington
Art Unit	1625
Attorney Docket No.	P-095-US1

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify) :

Deposit Account Deposit Account Number: 50-0344 Deposit Account Name: Theravance, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)	<input checked="" type="checkbox"/> Credit any overpayments

Under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity
				Fee (\$)
45	-52 or HP= 0	x 50 = 0	= 0	50 25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
				Fee (\$)
3	- 3 or HP= 0	x 200 = 0	= 0	360 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
—	- 100 = —	/ 50 = — (round up to a whole number) x —	= —	= —

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : _____

SUBMITTED BY

Signature	<i>Shelley Eberle</i>	Registration No. (Attorney/Agent)	31,411	Telephone	(650) 808-4010
Name (Print/Type)	Shelley Eberle			Date	June 17, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
0

Complete If Known

Application Number
09/732,241Filing Date
December 7, 2000First Named Inventor
Mathai MAMMENExaminer Name
Raymond K. CovingtonArt Unit
1825Attorney Docket No.
P-085-US1**COPY****METHOD OF PAYMENT** (check all that apply) Check Credit Card Money Order None Other (please identify) : _____ Deposit Account Deposit Account Number: **50-0344** Deposit Account Name: Theravance, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)	<input checked="" type="checkbox"/> Credit any overpayments

Under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES.**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Small Entity
45	-52 or HP= 0	x 50	= 0	50 25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims
3	- 3 or HP= 0	x 200	= 0	360 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) :

SUBMITTED BY

Signature	<i>Shelley Ebeler</i>	Registration No. (Attorney/Agent)	31,411	Telephone	(650) 808-4010
Name (Print/Type)	Shelley Ebeler			Date	June 17, 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application No. 09/732,241
 Amendment Under 37 C.F.R. § 1.111 dated June 17, 2005
 Reply to Office Action of May 23, 2005

PATENT
 Attorney Docket No. P-095-US1
 Customer No. 27038

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 By: Barbara Bryant June 17, 2005
 Barbara Bryant Dated

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)	
Mathai MAMMEN et al.)	Confirmation No.: 9496
Application No.: 09/732,241)	Group Art Unit: 1625
Filed: December 7, 2000)	Examiner: Raymond K. Covington
For: THERAPEUTIC CARBAMATES)	

AMENDMENT UNDER 37 C. F. R. §1.111

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

I. INTRODUCTORY REMARKS

This is in response to the Office Action mailed May 23, 2005. As this response is being filed within the three-month shortened statutory period set for response, no extension of time is necessary. Applicants respectfully request entry of the following amendments and reconsideration of the application in light of the following amendments and remarks.

Amendments to the Specification begin on page 2 of this document.

Amendments to the Claims are reflected in the listing of the claims which begins on page 6 of this document.

Remarks begin on page 23 of this document.